

CRITICAL/REPORTABLE INCIDENT FORM

Name of Facility: _____ **License Number:** _____
Address of Facility: _____ **Contact Number:** _____

Date of Incident: _____ **Time of Incident:** _____

Child(ren) Involved in Incident: _____ **Staff involved and other staff present:** _____

Description of Incident: _____

Name of Parent notified: _____ **Date of Notification:** _____ **Time of notification:** _____
Signature of staff notifying parent: _____

List any failed attempts to notify a parent (of the incident) below, including the name of the attempted parent, as well as the date and time of each attempt.

- 1.) _____
- 2.) _____
- 3.) _____

Was notification made to emergency personnel and/or law enforcement?

Yes **No** (circle one)

If Yes, list who was contacted, the date of contact and the time of contact.

- 1.) _____
- 2.) _____
- 3.) _____

Signature of staff notifying emergency personnel/law enforcement: _____

Was Child Welfare contacted? **Yes** **No** (circle one)

If Yes, list who was contacted, the date of contact and time of contact:

Signature of staff notifying Child Welfare: _____

Was Licensing contacted? **Yes** **No** (circle one)

If Yes, list the name of the person contacted, the date of contact and time of contact:

Signature of staff notifying Licensing Staff: _____

Corrective Action Taken and/or needed to prevent reoccurrence:

Signature of staff completing this report: _____ **Date:** _____

Parent Signature: _____ **Date:** _____ **Time:** _____